



Application No. _____

CITY OF KILLEEN
NORTH KILLEEN REVITALIZATION PROGRAM

PROJECT CERTIFICATION APPLICATION

I. APPLICATION CHECK LIST - Please submit the following documentation:

- ☐ A completed application form
- ☐ A list of all properties owned by the Applicant property owner/developer in the City of Killeen
- ☐ Proof of ownership, such as a warranty deed, affidavit of heirship, or a probated will **OR** evidence of site control, such as option to buy.
- ☐ A reduced 11x17 floor plan, site plan, and site elevation with a written detailed project description that includes a construction time line
- ☐ A detailed line item budget showing the cost breakdown for the project
- ☐ A copy of Incorporation documents or partnership agreement noting all principals, partners, and agents as applicable

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. CERTIFICATION WILL BE DENIED IF ALL REQUIRED DOCUMENTS SHOWN IN THE ABOVE CHECKLIST IS NOT SUBMITTED WITHIN 30 DAYS OF THE DATE OF APPLICATION.

II. APPLICANT / AGENT INFORMATION

- | | |
|--------------------------------|---------------------------------|
| 1. Applicant: _____ | 2. Contact Person: _____ |
| 3. Address: | |
| Street | City |
| State | Zip |
| 4. Phone no.: _____ | 5. Fax No.: _____ |
| 6. Email: _____ | |
| 7. Agent (if any) _____ | |
| 8. Address: | |
| Street | City |
| State | Zip |
| 9. Phone no.: _____ | 10. Fax No.: _____ |
| 11. Email: _____ | |

PROJECT ELIGIBILITY

- 1. Please list the addresses and legal descriptions of the project and other properties Applicant owns in Killeen. Attach metes and bounds description if no address or legal description is available. Attach a map showing the location of the project.**

Table 1 Property Ownership

Address (Project Location)	Zip Code	Legal Description		
		Subdivision Name	Lot No.	Block No.
Other properties owned in the City of Killeen - continue on a separate sheet and attach if necessary.				



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2. Does Applicant own other properties under other names? ☐ Yes ☐ No

If Yes, please specify _____

3. Does the proposed project conform with City of Killeen Zoning? ☐ Yes ☐ No

If no, what steps are being taken to insure compliance?

4. Project Type:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi- Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Community Facilities	<input type="checkbox"/> Mixed-Use
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☐ Owner Occupied

☐ Rental Property

For each property listed in Table 1, please check the boxes below to indicate if:

- there are taxes past due; or
- there are City liens; or

Table 2 Property Taxes and City Liens

Address	Property Taxes Due	City Liens on Property				
		Weed Liens	Board-up/Open Structure Liens	Demolition Liens	Paving Liens	Order of Demolition
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please attach additional sheets of paper as needed.)

If there are taxes due or liens against any property in the City of Killeen, Applicant may not be eligible for program incentives. A payment program must be initiated with the City of Killeen to include a 25% down payment and a payment schedule must be set before applicant is eligible for program incentives.

5. Please describe the proposed residential or commercial project: _____

6. If your project is a commercial, industrial, or mixed-use project, please describe the types of businesses that are being proposed: _____

7. Is this a new construction or rehab project? ☐ New Construction ☐ Rehab

8. How much is the total (re)development cost of your project? _____



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III. INCENTIVES - What incentives are you applying for?

Development Fee Waivers

- ☐ All building permit related fees (including Plans Review and Inspections)
- ☐ Plat application fee (including preliminary plat, final plat, replat, and minor plat)
- ☐ Zoning application fee (for properties seeking zoning change to fit current property use)
- ☐ Demolition fee ☐ Sign permit fee ☐ Board of Adjustment application fee

IV. ACKNOWLEDGMENTS: I hereby certify that the information provided is true and accurate to the best of my knowledge. I understand that the approval of fee waivers and other incentives shall not be deemed to be approval of any aspect of the project. I understand that I am responsible in obtaining required permits and inspections from the City and in ensuring the project is located in the correct zoning district.

I understand that my application will not be processed if it is incomplete. I agree to provide any additional information for determining eligibility as requested by the City.

(PRINTED OR TYPED NAME)	(AUTHORIZED SIGNATURE)	(DATE)
Signature must be owner or Managing Partner/President/CEO if property is owned by a Corporation or Partnership		

Please mail or fax your application to:
City of Killeen Planning and Development Department
200 E Avenue D, Killeen, Texas 76541
Tel: (254) 501-7630 Fax: (254) 501-7628

Electronic version of this form is available on our website at www.killeentexas.gov.

For Office Use Only

Application Received Date: _____ Application Completed Date: _____

Project Type? ☐ Single family ☐ Multifamily ☐ Commercial ☐ Industrial ☐ Community facilities ☐ Mixed-Use

Conform with Zoning? ☐ Yes ☐ No Legal Non-Conforming? ☐ Yes ☐ No Ownership/Site Control ? ☐ Yes ☐ No

Estimated project completion date? _____ Consistent with the plan? ☐ Yes ☐ No

Tax current on this property? ☐ Yes ☐ No Tax current on other properties? ☐ Yes ☐ No

City liens on this property? ☐ Yes ☐ No City liens on other properties? ☐ Yes ☐ No

Certified? ☐ Yes ☐ No Certified by _____ Date certification issued? _____

If not certified, reason _____